

BUSINESS STRUCTURE CHANGES FORM

Please note that you must submit the required documents identified by bold, italicized print contained in or above each box you complete.

Section 1: GENERAL INFORMATION

A. New/Revised Contact Information

(1) Contact person and Title:		(2)(a) Legal name of firm:			
		(2)(b) DBA or Trade Name(s):			
(3) Phone #:		(4) Other Phone #:		(5) Fax #:	
(6) E-mail:		(7) Website <i>(if have one)</i> :			
(8) Street address of firm <i>(No P.O. Box)</i> :		City:	County:	State:	Zip:
(9) Mailing address of firm <i>(if different)</i> :		City:	County:	State:	Zip:

B. New/Revised Business Profile

(1) Federal Tax ID (EIN) from IRS Form SS-4:	(2) Uniform Business ID (UBI) from Master Business License:
(3) New business structure or legal character of firm: <ul style="list-style-type: none"> <input type="checkbox"/> Sole Proprietorship (<i>include proof of ownership</i>) <input type="checkbox"/> Partnership (<i>include copies of partnership agreement & proof of ownership & capitalization</i>) <input type="checkbox"/> Corporation (<i>include copies of Articles of Incorporation, Bylaws, minutes, stock ledger & stock certificates, proof of ownership & capitalization</i>) <input type="checkbox"/> Limited Liability Partnership (<i>include copies of Certificate of Formation, partnership operating agreement, & proof of ownership & capitalization</i>) <input type="checkbox"/> Limited Liability Corporation (<i>include copies of Certificate of Formation, Operating Agreement, minutes, & proof of ownership & capitalization</i>) <input type="checkbox"/> Joint Venture (<i>include copies of Certificate of Formation - if applicable, Joint Venture Agreement, & proof of ownership & capitalization</i>) <input type="checkbox"/> Other, Describe: 	

C. Changes in Relationships with Other Businesses or Entities

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, employees, or office staff, with any other business, organization, or entity?

Yes No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities:

(2) At present, your firm:	(a) is a subsidiary of any other firm?	Yes No
	(b) is a partnership in which one or more of the partners are other firms?	Yes No
	(c) owns any percentage of any other firm?	Yes No
	(d) have any subsidiaries?	Yes No
(3) Does any other firm have an ownership interest in your firm at present?		Yes No
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (<i>attach extra sheets, if needed</i>):		
<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		
3.		

D. Immediate Family Member Businesses

Do any of your immediate family members now own or manage another company? Yes No				
If Yes, then list (<i>attach extra sheets, if needed</i>):				
<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.				
2.				

E. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner
(*submit a copy of each loan with proof of payments*):

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

F. Identify loss of owner(s) and key personnel

<p>(1) Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Principal 	<p>(2) Has the owner or key person been replaced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, also complete Section 4 for key personnel or Sections 2 & 4 for the new owner, shareholder, member, or partner.</p>
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Section 2: OWNERSHIP

Identify all individuals, businesses, or holding companies with any new ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information *(provide a copy of your driver's license & proof for A(5), (6), (7), and (8) below)*

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (street and number):		City: State: Zip:
(5) Gender: Male Female	(6) Ethnic group membership (Check all that apply): Black Hispanic Native American Asian Pacific Subcontinent Asian Other (specify) _____	
(7) U.S. Citizen: Yes No		
(8) Lawfully Admitted Permanent Resident: Yes No		

B. Ownership Interest *(provide proof for B(1), (2), and copies of (5), (6) below)*

(1) I/We have owned this firm since: ____/____/____	(2) Initial investment to	Type	Dollar Value
(3) Percentage owned:	acquire ownership	Cash	\$
(4) Familial relationship to other owners:	interest in firm:	Real Estate	\$
		Equipment	\$
		Other	\$
(5) Method of acquisition (check all that apply): Started new business Bought existing business Inherited business Secured concession Merger or consolidation Other (explain) _____			
(6) Shares of Stock:	Number	Percentage	Class Date acquired Method Acquired
(7) Does this owner perform a management or supervisory function for any other business? Yes No If Yes, identify: Name of Business: _____ Function/Title: _____			
(8) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____			

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) Complete the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification. <i>(Use and attach the Personal Financial Statement form at the end of this form for each eligible owner)</i>
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No If Yes, explain <i>(provide a copy of the trust document)</i> :

D. List all contributions or transfers of assets to/from your firm and to/from any of its new owners over the past two years *(attach additional sheets if needed):*

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

Section 3: BUSINESS DESCRIPTION CHANGES**A. Describe the revised business activities of your firm**

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B. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):**(1) Equipment (*provide proof of ownership or lease agreement, insurance, & proof of payment*)**

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles (*provide title, registration, insurance, proof of ownership or lease agreement, & proof of payment*)

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space (*provide proof of ownership or lease agreement, & proof of payment*)

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage/Yard/Warehouse Space (*provide proof of ownership or lease agreement, & proof of payment*)

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

**C. Does your firm rely on any other firm for management functions, equipment, employees, or payroll?
Yes No**If Yes, *explain & provide copies of contracts:*

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D. List up to three jobs, contracts, or bid submittals on which your firm has executed in the new activities:

Name of Prime Contractor & Project Number	Location of Project	Type of Work (<i>submit copies of contracts/bids/invoices</i>)	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					